

# Commonwealth of Massachusetts

UNITED STATES OF AMERICA



## CERTIFICATE OF DEATH

FROM THE RECORDS OF DEATH IN THE CITY OF MALDEN, MASSACHUSETTS, USA

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH  
REGISTRY OF VITAL RECORDS AND STATISTICS

000068

STATE USE ONLY

REGISTERED NUMBER

FOR USE BY  
PHYSICIANS AND  
MEDICAL EXAMINERS

1. DECEASED - NAME		2. FIRST		3. MIDDLE		4. LAST		5. SEX		6. DATE OF DEATH (Mo., Day, Yr.)	
Paul		John		Murphy		Male		January 4, 2001			
7. PLACE OF DEATH (City/Town):				8. COUNTY OF DEATH				9. HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number)			
Boston				Suffolk				Boston Medical Center			
10. PLACE OF DEATH (Check only one):								11. SOCIAL SECURITY NUMBER		12. IF US WAR VETERAN SPECIFY WAR	
<input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)								030-28-0468		Vietnam	
13. WAS DECEASED OF HISPANIC ORIGIN? (If yes, Specify Puerto Rican, Dominican, Cuban, etc.)								14. RACE (e.g. White, Black, American Indian, etc.) (Specify)		15. DECEASED'S EDUCATION (Highest Grade Completed) (Elementary Sch. (1-12)   College (13-16)   17+)	
NO								White		5+	
16. AGE - Last Birthday (Yrs.)		17. UNDER 1 YEAR		18. UNDER 1 DAY		19. DATE OF BIRTH (Mo., Day, Yr.)		20. BIRTHPLACE (City and State or Foreign Country)			
60		MOS. DAYS		HOURS MINS		July 31, 1940		Cambridge, MA			
21. MARRIED, NEVER MARRIED, WIDOWED OR DIVORCED				22. LAST SPOUSE (If wife, give maiden name)				23. USUAL OCCUPATION (Prior - If Retired)		24. KIND OF BUSINESS OR INDUSTRY	
Married				Patricia A. Martin				Police Officer		Law Enforcement	
25. RESIDENCE - NO. & ST., CITY/TOWN, COUNTY, STATE/COUNTRY											
48 Taylor St. Malden, Middlesex, MA											
26. FATHER - FULL NAME				27. STATE OF BIRTH (If not in US, name country)				28. MOTHER - NAME (GIVEN) (MAIDEN)		29. STATE OF BIRTH (If not in US, name country)	
Paul W. Murphy				MA				Marguerite Sousa		MA	
30. INFORMANT'S NAME											
Patricia A. Murphy											
31. MAILING ADDRESS - NO. & ST., CITY/TOWN, STATE, ZIP CODE								32. RELATIONSHIP			
48 Taylor St. Malden, MA 02148								Wife			
33. METHOD OF DISPOSITION											
<input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL FROM STATE <input type="checkbox"/> DONATION <input type="checkbox"/> OTHER SPEC											
34. FUNERAL SERVICE LICENSEE OR OTHER DESIGNEE								35. LICENSE #			
Richard R. Burns Jr.								5607			
36. PLACE OF DISPOSITION (Name of Cemetery, Crematory or other)											
Woodlawn Cemetery											
37. LOCATION (City/Town, State)											
Everett, MA											
38. DATE OF DISPOSITION (Mo., Day, Yr.)											
Jan. 8, 2001											
39. NAME AND ADDRESS OF FACILITY OR OTHER DESIGNEE											
E.E. Burns & Son Inc. 204 Main St. Malden, MA 02148											
40. PART I - Enter the diseases, injuries, or complications that caused the death. Do not use only the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line (e. through g.) PRINT OR TYPE LEGIBLY.											
IMMEDIATE CAUSE (Final disease or condition resulting in death)											
a. Cardiovascular Collapse											
b. Bradycardia											
c. Coronary Artery Disease											
41. PART II - Other significant conditions contributing to death but not resulting in underlying cause given in Part I.											
42. WAS AUTOPSY PERFORMED? (Yes or No)											
No											
43. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)											
No											
44. WAS CASE REFERRED TO M.E.? (Yes or No)											
No											
45. DATE OF INJURY (Mo., Day, Yr.)											
46. TIME OF INJURY											
47. INJURY AT WORK (Yes or No)											
No											
48. DESCRIBE HOW INJURY OCCURRED											
49. PLACE OF INJURY (At Home, farm, street, factory, office bldg., etc.) Specify											
50. LOCATION (No. & St., City/Town, State)											
51. To be completed by PHYSICIAN ONLY											
52. To be completed by MEDICAL EXAMINER ONLY											
53. To be completed by PHYSICIAN ONLY											
54. To be completed by MEDICAL EXAMINER ONLY											
55. To be completed by PHYSICIAN ONLY											
56. To be completed by MEDICAL EXAMINER ONLY											
57. To be completed by PHYSICIAN ONLY											
58. To be completed by MEDICAL EXAMINER ONLY											
59. To be completed by PHYSICIAN ONLY											
60. To be completed by MEDICAL EXAMINER ONLY											
61. To be completed by PHYSICIAN ONLY											
62. To be completed by MEDICAL EXAMINER ONLY											
63. To be completed by PHYSICIAN ONLY											
64. To be completed by MEDICAL EXAMINER ONLY											
65. To be completed by PHYSICIAN ONLY											
66. To be completed by MEDICAL EXAMINER ONLY											
67. To be completed by PHYSICIAN ONLY											
68. To be completed by MEDICAL EXAMINER ONLY											
69. To be completed by PHYSICIAN ONLY											
70. To be completed by MEDICAL EXAMINER ONLY											
71. To be completed by PHYSICIAN ONLY											
72. To be completed by MEDICAL EXAMINER ONLY											
73. To be completed by PHYSICIAN ONLY											
74. To be completed by MEDICAL EXAMINER ONLY											
75. To be completed by PHYSICIAN ONLY											
76. To be completed by MEDICAL EXAMINER ONLY											
77. To be completed by PHYSICIAN ONLY											
78. To be completed by MEDICAL EXAMINER ONLY											
79. To be completed by PHYSICIAN ONLY											
80. To be completed by MEDICAL EXAMINER ONLY											
81. To be completed by PHYSICIAN ONLY											
82. To be completed by MEDICAL EXAMINER ONLY											
83. To be completed by PHYSICIAN ONLY											
84. To be completed by MEDICAL EXAMINER ONLY											
85. To be completed by PHYSICIAN ONLY											
86. To be completed by MEDICAL EXAMINER ONLY											
87. To be completed by PHYSICIAN ONLY											
88. To be completed by MEDICAL EXAMINER ONLY											
89. To be completed by PHYSICIAN ONLY											
90. To be completed by MEDICAL EXAMINER ONLY											
91. To be completed by PHYSICIAN ONLY											
92. To be completed by MEDICAL EXAMINER ONLY											
93. To be completed by PHYSICIAN ONLY											
94. To be completed by MEDICAL EXAMINER ONLY											
95. To be completed by PHYSICIAN ONLY											
96. To be completed by MEDICAL EXAMINER ONLY											
97. To be completed by PHYSICIAN ONLY											
98. To be completed by MEDICAL EXAMINER ONLY											
99. To be completed by PHYSICIAN ONLY											
100. To be completed by MEDICAL EXAMINER ONLY											

KAREN ANDERSON

depose and say that I hold the office of City Clerk of the City of Malden, County of Middlesex and Commonwealth of Massachusetts; that the records of Births, Marriages and Deaths in said City are in my custody, and that the above is a true extract from the Records of Death in said City as certified by me.

Witness my hand and Seal of said City, on the 11TH day of APRIL, 2006

City Clerk